

Name
in
Full

Roland Adkins

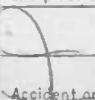
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i>			County <i>Wicomico</i>			MARYLAND		
Date of death 190 <i>4</i>	Month <i>Dec.</i>	Day <i>1</i>	Age <i>4</i>	Years	Months	Days		
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Wicomico</i>				
Married , Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name <i>L. Thos. Adkins</i>				Father's Birthplace <i>Wicomico Co</i>				
Mother's Maiden Name <i>Fannie Calloway</i>				Mother's Birthplace <i>Wicomico Co.</i>				
Name of person giving In formation <i>Clayton W. Lordy</i>				How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Congestion lungs & heart failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address <i>Louis W. Morris M.D.</i>
	<i>Delaware</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mrs Addie Bailey

Town

County

Died at Quantico

Wicomico

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Date 189 Dec 20 Age 43 Quantico Wife
 Male White yes Married yes Widowed Divorced
 Female yes Colored Single Widower Number of children living 5

Husband of Stephen T. Bailey
 Wife Father's Jonathan Waller Mother's Don't know
 Name Name

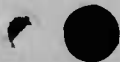
Cause of Primary Obesity How long sick 1 week
 Death Immediate Heart (Fatty) Accident, Suicide, Homicide

Reported by W. H. St. Dashill

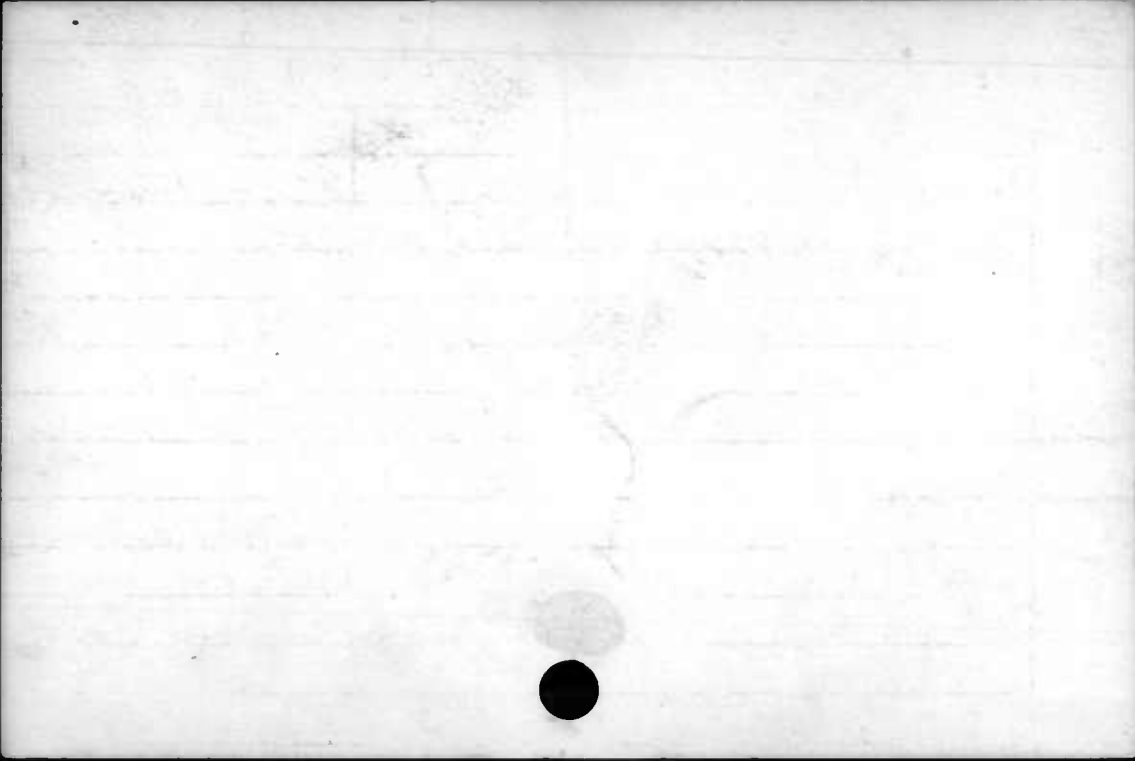
Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full		Henry Borroughs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Allen	County Prince		MARYLAND	
	Date of death 190	2	Month 12	Day 11	Years 2	Months —	Days —
	Sex	Female		Color or Race	Black		Birth-place Allen
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name			Thomas Borroughs		Father's Birthplace	West Vernon
	Mother's Maiden Name			May King		Mother's Birthplace	Allen
Name of person giving information			Ernest King		How related to deceased	Uncle	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Catarrh			How long	2 weeks
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician E. A. Benson M.D. Address Maryland, Md.			
	Accident or Suicide?						



Sally Briddall

Died at *Sea Powellville* Town *Swicomico* County *MARYLAND*

Date *1902* *12th* Month *26th* Day *72* Y. *M.* M. D. *Maryland* Native of *housekeeper* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *4*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of { Primary *constipation*
 Death { Immediate *Diarrhea*

How long sick

1 month

Accident, Suicide, Homicide

Reported by

Address

Sta. C Tyndall, M. D.
Seahagville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

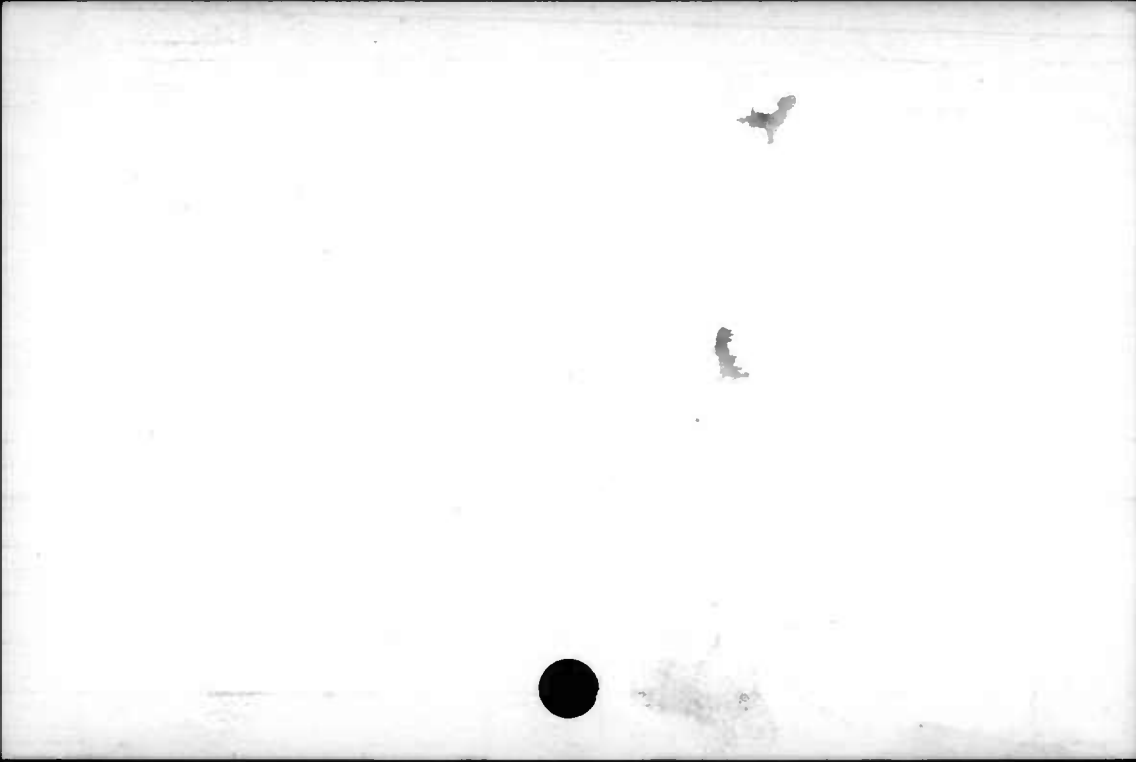
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>in Rockawalking</i>		Town <i>McComico</i>		County		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>2nd</i>	Age	Years <i>Nine</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Merley Cornish</i>				Father's Birthplace <i>Id.</i>			
Mother's Maiden Name <i>Fanny Carroll</i>				Mother's Birthplace <i>Id.</i>			
Name of person giving information <i>George Cornish</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>1 1/2 years</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. White</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Hester Dennis

CERTIFICATE OF DEATH

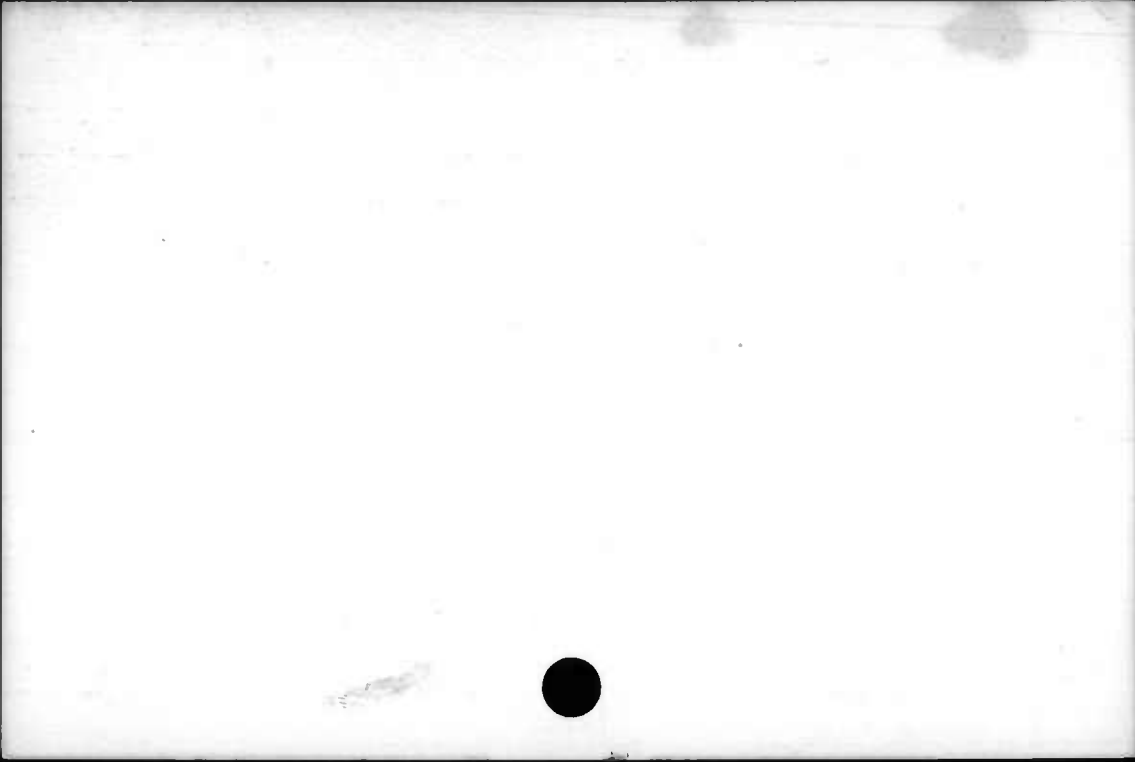
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1902		December	30	Age	64		
Sex	Female		Color or Race	Colored		Birth-place	Maryland
Married, Single or Widowed	Widow			Occupation	General work		
Name of Wife or Husband Jacob Dennis							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	
Maggie Dennis						Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dont Know	How long	Dont Know
Immediate	Some organic heart disease	How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. E. Humphreys	
		Address	
		Salisbury, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Amy Jane Fugge

Died at ^{Town} *Delmar*County *Wicomico*

MARYLAND

Date
of death 1902

Month

Dec.

Day

29th

Years

Age *65*

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Delaware*Married, Single
or Widowed*Married*

Occupation

*Housekeeper*Name of Wife or
Husband*Thomas Fugge*Father's
NameFather's
Birthplace*Del.*Mother's
Maiden NameMother's
Birthplace*Del.*Name of person giving
In formation*Geo. W. Nichols*How related
to deceased*Son in Law*

CAUSES OF DEATH

Primary

Chronic Bright Disease

How long

Some years

Immediate

Uremia & Heart Disease

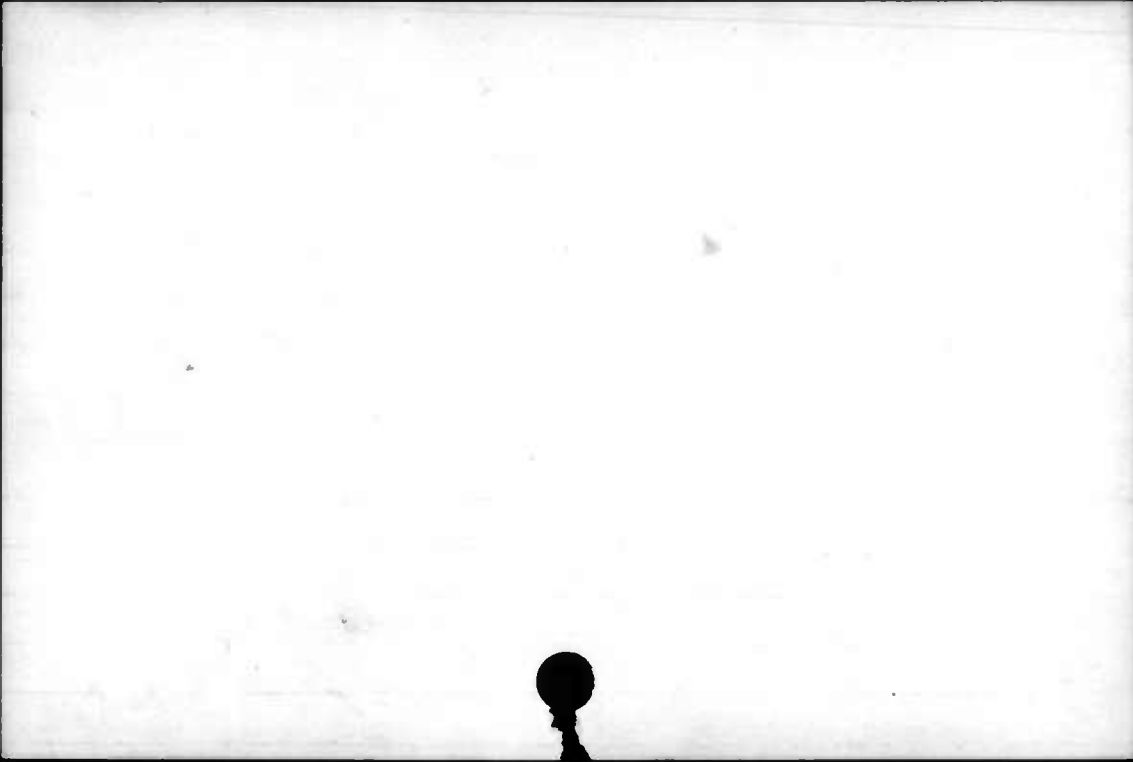
How long

*10 days or more*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Louis Willoni M.D.
Baltimore Md.*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

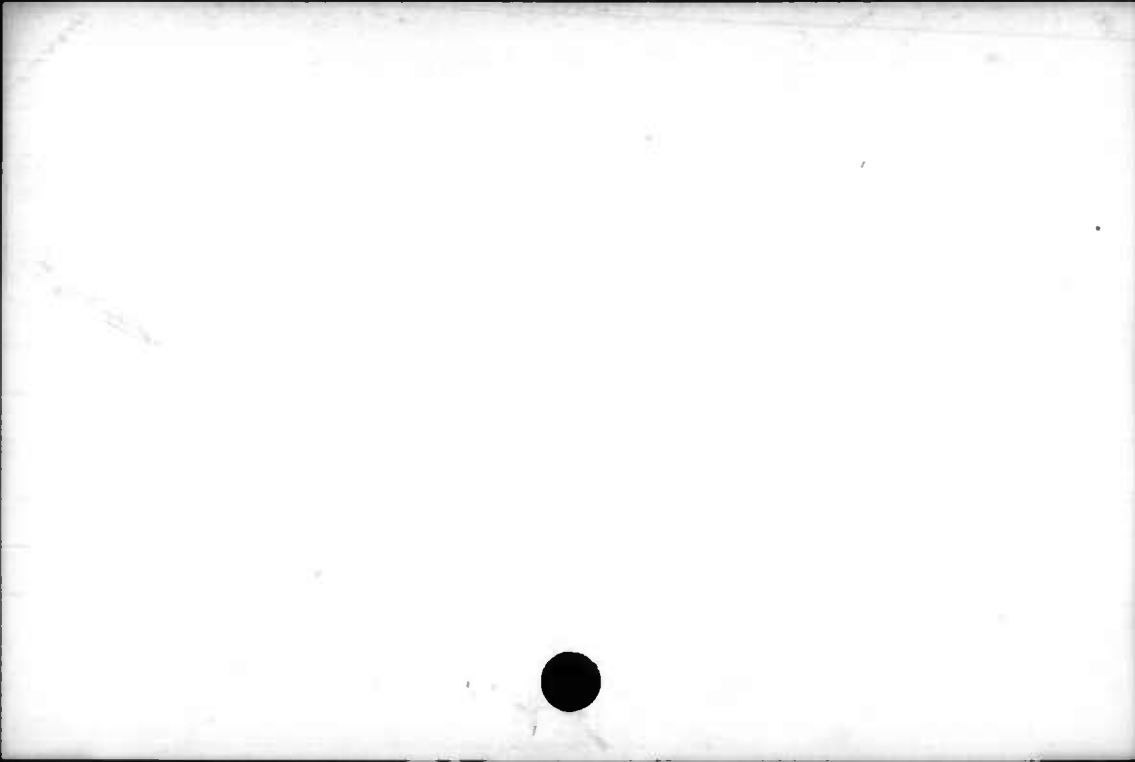
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1907		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Died at

Date 1902

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

~~Husband~~
of~~Wife~~

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha Hargis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>27</i>	Age Years <i>23</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Housework</i>		
Name of Wife or Husband					
Father's Name <i>Charles H. Hargis</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary E. Hargis</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Mary E. Hargis</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>one year</i>
Immediate <i>Heart Failure</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harold H. Smith</i>
	Address <i>Salisbury</i>
Accident or Suicide?	<i>Inf.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nettie M Hopkins*

Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death 190 *2* Month *Dec* Day *16* Age *Years* Months *17* Days

Sex *Female* Color or Race *Black* Birth-place *Salisbury*

Married, Single or Widowed *Single* Occupation *Undertaker*

Name of Wife or Husband *Alphens Hopkins*

Father's Name *Alphens Hopkins* Father's Birthplace *Penn*

Mother's Maiden Name *Stella Rock* Mother's Birthplace *MD*

Name of person giving information *Alphens Hopkins* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Do not know* How long *151* all it is *fits*

Immediate *yes* How long *fits*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B C Holloway & co*

Address *Undertaker Salisbury MD*

Accident or Suicide? *MD*



Name in Full

Certificate of Death

Mrs. Nancy Horner

Town

County

MARYLAND

Died at

Salisbury Wisconsin

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec.

Age

71-4-11

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

John Horner

Father's

Mother's

Name

Maiden Name

1920

Cause of

Primary

Chronic Brights Disease

How long sick

Death

Immediate

Drop of heart failure

Accident, Suicide, Homicide

Reported by

Louis W. Yeoman's Word.

Address



Salisbury Wisc.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William L. Littleton

CERTIFICATE OF DEATH

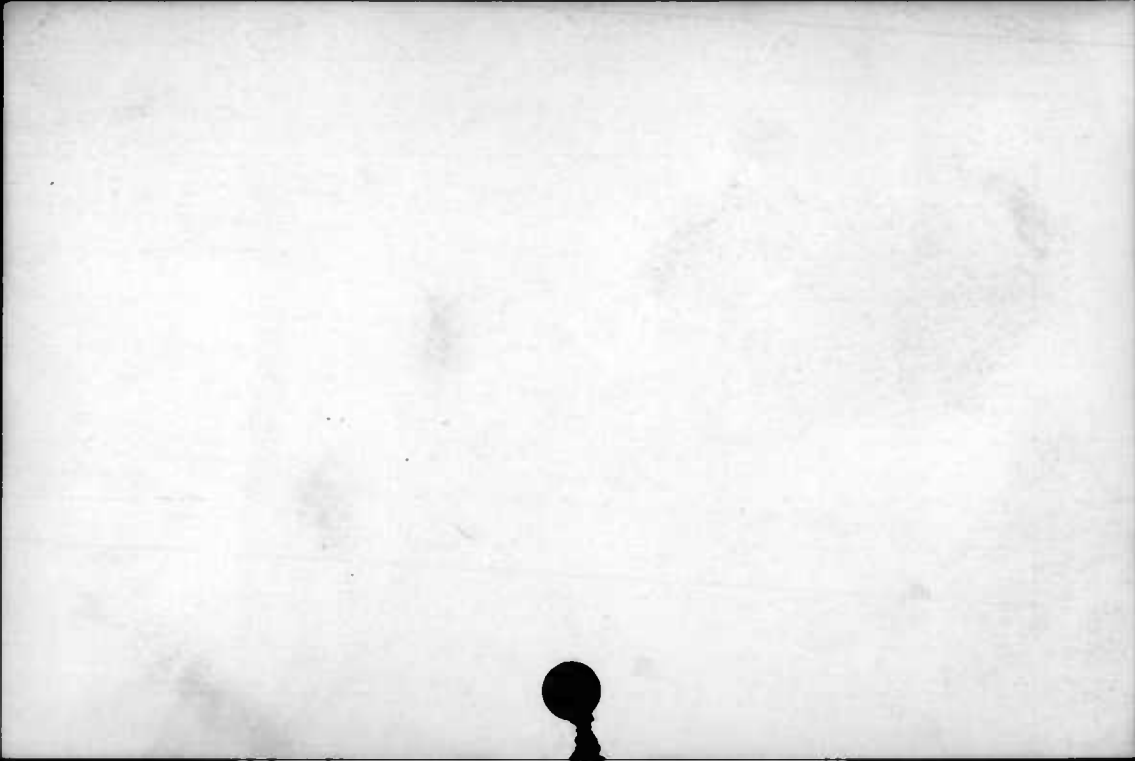
TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town		Wicomico County		MARYLAND	
Date of death 1902	Month Dec.	Day 8	Age 40 Years	Months 10	Days 6
Sex male	Color or Race White		Birth-place Dorchester		
Married, Single or Widowed Single	Occupation Laborer				
Name of Wife or Husband Virginia M. Short					
Father's Name David Littleton			Father's Birthplace Dorchester		
Mother's Maiden Name Mary Sherwood			Mother's Birthplace Dorchester		
Name of person giving information Mrs. Annis L. Kinnright			How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Some brain trouble	How long 64 hrs
Immediate Hemorrhage Brain?	How long hrs
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Geo. H. Todd
	Address Salisbury Md
Accident or Suicide? This party	dead when I saw him



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel J Messick</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Date of death 190 <i>2</i>		Month <i>Dec</i>		Day <i>23</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Age <i>35</i>		Years <i>35</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>mason</i>		Birthplace <i>Md</i>		Months <i></i>	
Name of Wife or Husband <i></i>		Father's Name <i>William T B Messick</i>		Father's Birthplace <i>Md</i>		Days <i></i>	
Mother's Maiden Name <i>Henrietta A Hopkins</i>		Mother's Birthplace <i>Md</i>		How related to deceased <i>Brother</i>		Name of person giving information <i>Lionwood J Messick</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suppose consumption</i>	How long <i>4 years</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D C Holloway & co</i>
	Address <i>Undertakers Salisbury Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Mary S. Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orlman		County Wicomico		MARYLAND	
Date of death 1903	Month Dec	Day 12	Age 67	Years 4	Months 6	Days	
Sex Female	Color or Race White		Birth- place Md				
Married, Single or Widowed Widowed		Occupation House work					
Name of Wife or Husband James Mitchell							
Father's Name Wm Parsons				Father's Birthplace Md			
Mother's Maiden Name Sullie Parsons				Mother's Birthplace Md			
Name of person giving in formation Wm B. Mitchell				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	Years
Immediate	Pulmonary Oedema	How long	Short time
Are the name, age, sex, color, date and place correctly given above? Yn		Signature of Physician Geo. H. Todd	
		Address Salisbury Md	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
	Date of death 190 <i>2</i> Month <i>Dec.</i> Day <i>28</i>	Age <i>60</i> years		Months	Days	
	Sex	Color or Race		Birth-place <i>Ireland</i>		
	Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>			
	Name of Wife or Husband <i>Anna Gruber</i>					
	Father's Name <i>William Pentland</i>		Father's Birthplace <i>Ireland</i>			
	Mother's Maiden Name <i>Elizabeth Clarke</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Robert A. Pentland</i>		How related to deceased <i>Brother</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Locomotor Ataxia</i>		How long <i>10</i>			
	Immediate <i>Artemia</i>		How long <i>120</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Drisk</i>			
	Address <i>Salisbury, Md.</i>		How long <i>1000</i>			
Accident or Suicide? <i>No</i>						

This patient was brought to the
Penninsula General Hospital one week
ago with history of Localized Ataxia
& Chronic nephritis. He was admitted
on admission from home nursing.
He had had no medical advice up
to time of admission because of
his belief in Christian Science.

J. M. D. M. D.

Name
in
Full

Hester E Townsend

CERTIFICATE OF DEATH

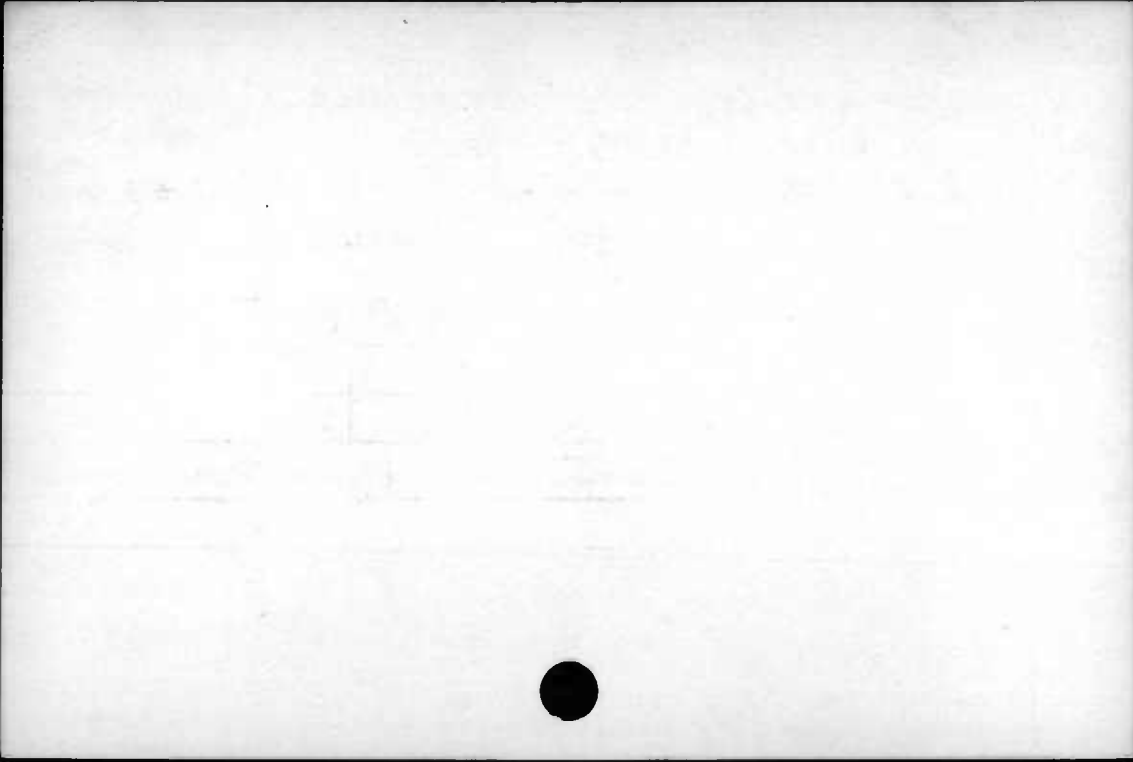
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>10</i>	Age Years <i>76</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housework</i>		
Name of Wife or Husband <i>Engene Calloway</i>					
Father's Name <i>Engene Calloway</i>				Father's Birthplace <i>MD</i>	
Mother's Maiden Name <i>Pencey Ellen Calloway</i>				Mother's Birthplace <i>MD</i>	
Name of person giving information <i>Marion Townsend</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral insufficiency</i>	How long <i>2 years (?)</i>
Immediate <i>Pulmonary edema</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Smith</i>
<i>9</i>	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>22nd</i>	Years <i>39</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kingsbrake Somerset Co. Md.</i>	
Married, Single or Widowed			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Miss Millar (Nurse)</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial Infarction</i>	How long <i>1 year</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 minute</i>
Are the name, age, sex, color, date and place correctly given above? <i>Superior known</i>	Signature of Physician <i>J. M. Smith</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bar Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Dec.</i>	Day <i>9th</i>	Age <i>57</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>E. D. Walston</i>					
Father's Name <i>Levin Parker</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ellingworth</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mrs. J. W. Parker</i>			How related to deceased <i>Sister in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>uterine vaginal Carcinoma</i>	How long <i>2 years (about)</i>
Immediate <i>hematuria & exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smith</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	

